(d) The Government of India has approved the National Population Policy 2000. The Policy seeks to put in place a multi-sectoral agenda for population stabilisation which includes increasing out-reach and coverage of reproductive and child health care services, strengthening of health infrastructure, meeting the unmet needs for contraception services, and converging of integrated service delivery at village and house-hold levels. Stabilising population is perceived as much a function of extending primary and secondary education, improving access to safe drinking water, sanitation and housing, and building roads, and providing transport and communication.

For monitoring implementation of the Policy, the document suggests setting up of the following new structures:—

(i) National Commission on Population.
(ii) State/UT Commission on Population.
(iii) Coordination Cell in the Planning Commission and
(iv) Technology Mission in the Department of Family Welfare.

**Limiting Population Growth**

967. DR. KARAN SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the country's population will soon cross the one billion mark;

(b) whether it is now 26th year since the 1st National Population Policy was presented to Parliament in April, 1976; if so, why that policy has not been implemented; and

(c) what steps Government are planning to limit population growth, which is largely diluting the front of our economic development?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI N.T. SHANMUGAM): (a) The population of India is projected to reach the one billion mark on 11th May, 2000.

(b) A statement on National Population Policy was made by the

then Minister of Health and Family Planning on 16th April, 1976 proposing following measures to bring down the growth rate of population.

(i) Raising the age of marriage to 18 for girls and 21 for boys. Make registration of marriage compulsory.

(ii) Freezing of representation in the Lok Sabha and the State Legislature on the basis of 1971 Census till the year 2001.

(iii) Earmark 8 percent of Central Assistance to State Plan against performance in Family Planning.

(iv) Raising the levels of female education, earmark adequate outlays for girl's education upto the middle level and child nutrition.

(v) Introduction of population values in the educational system.

(vi) Monitoring of performance of family planning in the States, intensively.

(vii) In depth review of family planning programme in the country by Union Cabinet at least once in a year.

(viii) Raising of compensation money for adoption of family planning methods to Rs. 150 if performed with two living children or less: Rs. 100 if performed with three living children and Rs. 70 if performed with four or more children.

(ix) Introduction of Group Incentive so as to make family planning a mass movement with greater community involvement.

(x) Involvement of Voluntary Organisation for promotion of family planning awareness.

(xi) Limitation after three children be made uniformly applicable to all Indian Citizens, residents in the States, without distinction of caste, creed or community.

(xii) Make changes in service/conduct Rules of Central Government employees to ensure that they adopt small family norm.

(xiii) To adopt multi-media motivational strategy to spread the messages of family planning throughout the nation.

Another Policy Statement on Family Welfare Programme was made on June 29, 1997, which *inter-alia* focused on the measures proposed in 1976 Policy. However, it streesed on integration of family planning programme with other welfare programme and proposed the change in the name of the programme from 'Family Planning' to 'Family Welfare'.

Both the Statements were laid on the Table of the House of Parliament, but not discussed. However, most of the initiatives except some coercive measures were undertaken while giving a new dimension to the implementation of the family welfare programme during the Five Year Plans, after 1976.

In 1983, National Health Policy was formulated which provided comprehensive framework for planning, implementation and monitoring of Health Care Services. This Policy identified priority areas for intervention in the next two decades and set goals to be achieved by 2000 A.D.

Recognising the fact that reduction in infant and child mortality is an essential pre-requisite for acceptance of small family norm, Government integrated MCH and Family Planning as part of Family Welfare Services at all levels. In order to give new trust and dynamism to the ongoing family welfare programme, the National Development Council set up a sub-committee on Population in 1992. The sub-committee gave a report in 1993, which was endorsed by NDC. This report recommended that Family Welfare Programme should take cognisance of area specific socio-economic, demorgraphic and health care availability differentials and allow requisite flexibility in planning and implementation.

The Child Survival and Safe Motherhood (CSSM) programme was

initiated in 1992. The pulse polio initiative aimed at eradication of Polio by 2000 was initiated in 1996.

The International Conference on Population and Development (ICPD) held in Cairo, 1994 led to launch of Reproductive and Child Health (RCH) Programme in 1997. RCH gave a holistic approach to the whole family welfare programme.

As a result of various programmes Crude Birth Rate (CBR) has reduced from 40.8 in 1951 to 26.4 in 1998, IMR has reduced from 146 in 1951 to 72 in 1998, Couple Protection Rate went up from 10.4% in 1971 to 44% in 1999, Crude Death Rate (CDR) has reduced from 25 in 1951 to 9.0 in 1998 and Total Fertility Rate (TFR) has reduced from 6.0 in 1951 to 3.3 in 1997.

(c) The National Population Policy, 2000 has now been approved by the Government. It takes note of all earlier consultations. The National Population Policy seeks to put in place a multi-sectoral agenda for population stabilisation which includes increasing out-reach and coverage of reproductive and child health care services, strengthening of health infrastructure, meeting the unmet needs for contraception services, and converging of integrated service delivery at village and house-hold levels.

Stabilising population is perceived also as a function of extending primary and secondary education, improving access to safe drinking water, sanitation housing, and building roads, and providing transport and communication.

**New National Population Policy**

968. SHRI GURUDAS DAS GUPTA:
DR. GOPALRAO VITHALRAO PATIL:
SHRI GAYA SINGH:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have approved a new National Population Policy; and

(b) if so, the salient features thereof?